

**Commonwealth of Kentucky  
Cabinet for Health and Family Services (CHFS)  
Department for Community Based Services (DCBS)  
Division of Child Care (DCC)**

**Kentucky Integrated Child Care System (KICCS) Provider Portal Access Agreement**

**Form and Online Request Instructions**

**General Procedure**

- **Step 1:** Print this form. One form must be submitted for each user requesting an account.
- **Step 2:** Determine the type of user you will be: **Administrator** or **User**. You are considered a “**Provider Admin**” if:
  - You only have one (1) child care facility (or home) and you do NOT want to allow other people access to your online PBFs.
  - You only have one (1) child care facility (or home) and you DO want to allow other people access to your online PBFs.
  - You are the administrator over several child care facilities and need to set up specific individuals (such as Directors or Account Managers) for each of the facilities you administer.

If you are a “**Provider Admin**”, but you are not the head of the organization or owner, the owner of the organization must sign the second signature line, attesting that the applicant is identified correctly in Section 1.

You are considered a “**Provider User**” by the KICCS Provider Portal system if you are going to sign up for an account through your local administrator or supervisor. Note: if you are signing up as a “**Provider User**”, **STOP HERE**. You must wait until your Administrator has an approved account before you begin the online request process. Once your Administrator has an approved account, you may begin the process (Step 1).

- **Step 3:** Go to the Provider Portal Request Account web site at <https://prd.chfs.ky.gov/providerportal/> and click on **Want to Sign up for an Account?** *If you need help completing the online request, contact the KICCS HelpDesk (502) 564-0104, option 6 or toll free at 866-231-0003 Option 6.*
- **Step 4:** If you are a “Provider Admin”, type **portal.access@ky.gov** in the Referrer Email box. If you are a “Provider User” you will type in your Administrator’s email (you must wait until your Administrator’s account is approved before requesting your own account).
- **Step 5:** In the COMMENTS section, type in your CLR Number AND your Access Type (Provider Administrator or Provider User-see Step 2 for help). CLR Number is your Certificate, License or Registration number. **Hint: You can locate this number on the top right-hand corner of your monthly PBFs.**
- **Step 6:** Write down and store in a secure location the password and 4-digit PIN you created. You will need these later! Do not share your password with anyone.
- **Step 7:** Write down the Request Number you receive after successfully submitting your online request in the appropriate line on this printed form. You will also receive an email confirmation of your successful submission.

- **Step 8:** Complete ALL applicable fields on this form. Handwritten information must be legible. Access will not be granted if the user information is incomplete or illegible when the form is submitted.
- **Step 9:** This completed form, a copy of your driver's license or valid photo ID issued by the state, and the printed successful request email with your request number should be submitted electronically at fax number 502-564-3464 or by email to: [Portal.Access@ky.gov](mailto:Portal.Access@ky.gov). **IMPORTANT:** Please enlarge and lighten your driver's license before faxing it to make the image easier to read.

If you prefer, you may mail these documents to: Division of Child Care, 275 E. Main St, 3C-F, Frankfort, KY 40621, ATTN: CCAP Portal Administrator.

When the request is **approved** by the Child Care Assistance Program (CCAP) administrator, you will receive another **email** with your assigned **User Name**. You will need this User Name and the password you created to log onto the Portal.

For questions or assistance, please call the help desk at (502) 564-0104, option 6 or toll free at 866- 231-0003 Option 6.

### Detailed Procedure for Entries on the Form

- Enter the date request completed on the website.
- Enter Request Number from web site confirmation.
- Mark an (X) to specify the type of access required (ProvAdmin or ProvUser)
- Enter your first name, middle initial and last name.
- Enter email address you typed in the Referrer Email field of the online request (it will be either [portal.access@ky.gov](mailto:portal.access@ky.gov) OR your Administrator's email)
- Enter primary phone number which may be home and/or business phone number.
- Enter secondary phone number if available where applicant can be contacted.
- Enter Name of Head of Organization and/or the business owner's full name. If you are the owner or the Head of the Organization, enter your name.
- Enter the business name if different from head of organization or business owner.
- Enter the business fax number.
- Enter the Certified, Licensed or Registration number associated with the business and applicant.  
*Hint: You can locate this number on the top right-hand corner of your monthly PBFs.*
- Enter business address where mail is received.
- Enter actual location for the business.
- You must read Section 2 User agreement statement.
- You must sign Section 3, first line. If your access type is ProvUser, your administrator is required to sign on the second line. If your access type is ProvAdmin, but you are not the owner or Head of the Organization, you must sign first line and owner/head of organization signs the second line. If your access type is ProvAdmin, and you are the owner/Head of the Organization, sign both lines.
- **ALL** signatures must be original. We will not permit anyone to sign for another person. Clear signatures must be provided. Access will not be granted if signatures are missing or names are illegible.

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**Kentucky Integrated Child Care System (KICCS) Provider Portal Account Agreement**

This form must be completed and returned to access KICCS Provider Portal Account. It must be completed in ink or typed. All information must be accurate and complete, and the form must contain the appropriate authorized signature(s). When the form is completed, it SHOULD BE submitted electronically for approval to CHFS at fax number – 502-564-3464 or emailed to: [Portal.Access@ky.gov](mailto:Portal.Access@ky.gov). If you prefer, you may mail these documents to: Division of Child Care, 275 E. Main St, 3C-F, Frankfort, KY 40621, ATTN: CCAP Portal Administrator.

**SECTION 1: USER INFORMATION**

REQUEST DATE: \_\_\_\_\_ REQUEST NUMBER: \_\_\_\_\_ OR CIT USER NAME \_\_\_\_\_

TYPE OF ACCESS REQUIRED: ( ) PROVIDER USER ( ) PROVIDER ADMINISTRATOR  
(See Step 2 above for help)

FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME: \_\_\_\_\_

REFERRER E-MAIL \* \_\_\_\_\_ INDIVIDUAL E-MAIL: \_\_\_\_\_

\*(IF YOU ARE THE PROVIDER ADMINISTRATOR, ENTER [Portal.Access@ky.gov](mailto:Portal.Access@ky.gov).)

(ENTER YOUR EMAIL ADDRESS HERE)

(IF YOU ARE THE PROVIDER USER, ENTER THE EMAIL ADDRESS OF YOUR PROVIDER ADMINISTRATOR.)

PRIMARY PHONE: ( ) \_\_\_\_\_ SECONDARY PHONE: ( ) \_\_\_\_\_

ENTER NAME OF THE HEAD OF ORGANIZATION/OWNER: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

CERTIFIED, LICENSED OR REGISTRATION NO. \_\_\_\_\_

(If you have multiple centers, please attach a separate piece of paper listing information for each. Make sure your name and Request Number is on each paper.) *Hint: Your CLR# can be located on the top right-hand corner of your monthly PBFs.*

BUSINESS MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

**SECTION 2: KICCS PROVIDER PORTAL ACCOUNT USER AGREEMENT**

By accepting this user agreement, I acknowledge that I have been made aware of my responsibilities to protect the confidentiality of the information in the KICCS Provider Portal Account. I am only permitted to use KICCS Provider Portal Account for the purpose of reporting child care activity for payment through the Division of Child Care in Kentucky. I acknowledge that I have been made aware that misuse of the information may potentially lead to penalties and/or system revocation.

As an authorized user, I agree to the following terms of use:

1. I agree to make only authorized use of any information in the KICCS Provider Portal Account. I agree to not divulge the contents of any record except as permitted by state or federal law.
2. I agree to not share any user name or password information. I acknowledge that I am responsible for any actions taken on the KICCS Provider Portal Account under my login name.
3. I agree not to access the information contained in the KICCS Provider Portal Account other than for authorized business actions.

4. I agree to terminate my access to the KICCS Provider Portal Account when my employment with the reporting entity ends or when my job responsibilities no longer require me to access KICCS Provider Portal Account information.
5. I agree to immediately report any misuse of the KICCS Provider Portal Account or violations of this agreement to the Department for Community Based Services or the CHFS IT Security Officer.

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**Any misuse of the KICCS Provider Portal Account or its information may lead to temporary revocation of access privileges, permanent loss of access privileges or penalties under state and/or federal law.**

**SECTION 3: AUTHORIZATION SIGNATURE FOR ALL ACCOUNT REQUESTORS**

I attest to the best of my knowledge that the information provided above is true, accurate, and complete and that I have read and agree to the KICCS Provider Portal Account user agreement on page 1 of this document.

► \_\_\_\_\_  
- YOUR SIGNATURE HERE DATE

**Your Printed Name (*must be legible*):** \_\_\_\_\_

► \_\_\_\_\_  
- **YOUR ADMINISTRATOR SIGNATURE HERE** (IF YOU ARE THE OWNER OR ADMIN, SIGN HERE AGAIN) DATE

**Your Administrator Printed Name (*must be legible*):** \_\_\_\_\_

**Section 4 is for the Division of Child Care staff only. Do not write below this line.**

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**SECTION 4: AUTHORIZATION SIGNATURE(S) FOR CCAP ADMINISTRATORS ONLY**

I certify that the job duties of the User requires access to the program(s) requested and that the access complies with appropriate use as specified in the KICCS Provider Portal Account User Agreement.

**CCAP ADMINISTRATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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